

PHARMACISTS COUNCIL OF ZIMBABWE

SOLEMN DECLARATION

I,

A (Quote Profession).....

Of (Residential Address)

(Business Address).....

do hereby solemnly and sincerely declare as follows:

1. THAT I am the person whose name appears on the certificate of the degree, diploma or other certificate on which I rely as a qualification for registration, being Certificate No. (If applicable) Dated which was issued to me by theafter having been duly examined by the said..... the original (or certified true copy) of which is attached. (Unless the certificate is in Latin or English a certified translation in English must also be attached.)

2. THAT - (a) I have never been debarred from practice on the grounds of professional misconduct; (b) my name has never been removed from any register of members of my profession kept in accordance with the laws of any country in which I have practiced my profession; (c) no inquiry is pending which may result in - (i) my being debarred from practice on the grounds of professional, misconduct, or (ii) the removal of my name from any register referred to in sub-paragraph (b).

2. THAT the universities, medical schools or training schools at which and the periods during which I received my training are as follows:

Name of Institution	Period of Training	
	From	To
.....
.....

4. THAT I reside or intend if registration is granted to reside within Zimbabwe.

Declared before me at..... this.....day of.....,20
Signature

Signature of attesting officer

Qualification of attesting officer

Note: This certificate is required to be completed and signed by one of the following persons- The registrar or any other member of the Zimbabwe Pharmacists Council; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person, provided his exact status is defined.

PHARMACISTS COUNCIL OF ZIMBABWE

CERTIFICATE OF KNOWLEDGE OF ENGLISH

THIS IS TO CERTIFY that I,

.....

have on the day of, 20.....

Interviewed

Of (residential address)

(business address)

and that as a result thereof I find that his working knowledge of the English language is

.....(insert good, moderate, fair or poor, as the case may be).

Any remarks qualifying or amplifying the above statement including a brief description of the manner in which the applicant's knowledge of the English language was tested):

.....
.....
.....

.....
signature

.....
Status

NOTE: This certificate is required to be completed and signed by one of the following persons-
The registrar or any member of the Zimbabwe Pharmacists Council; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person, provided his exact status is defined.